



The **Dispute** option within the Availity® Essentials enhanced Claim Status tool allows providers to submit clinical appeal\* requests electronically and upload supporting clinical medical records to Blue Cross and Blue Shield of New Mexico (BCBSNM). Once submitted, the **Appeal** worklist allows providers to view status and claim dispute details, as well as manage the appeals.

\*A **Clinical Appeal** is a request to change an adverse determination for care or services when a claim is denied based on lack of medical necessity, or when services are determined to be experimental, investigational or cosmetic.

The Dispute tool is accessible to existing Availity Administrators and users assigned to the Claims Status and Claim roles in Availity. Not registered with Availity Essentials? Complete the guided online registration process today at [Availity](#), at no cost.

**Information in this user guide is ONLY applicable to Federal Employee Program® (FEP®) and Blue Cross Community Centennial<sup>SM</sup> claims.**

## 1) Getting Started

- ▶ Go to [Availity](#)
- ▶ Select **Availity Essentials Login**
- ▶ Enter User ID and Password
- ▶ Select **Log in**

The image shows the Availity Essentials login interface. At the top, there are logos for Availity and essentials. Below them, a header reads "Please enter your credentials". There are two input fields: "User ID:" and "Password:". Below the password field is a checkbox labeled "Show password". At the bottom left, there are two links: "Forgot your password?" and "Forgot your user ID?". At the bottom right, there is a blue button labeled "Log in" which is highlighted with a dashed blue border.

## 2) Check Dispute Availability via Claim Status

- ▶ Select **Claims & Payments** from the navigation menu
- ▶ Select **Claim Status**

**Note:** Contact your Availity administrators if the **Claim Status** tool is not listed in the **Claims & Payments** menu.

The image shows the Availity navigation menu. At the top, there are logos for Availity and essentials, followed by "Notifications" and "My Favorites". Below these are several menu items: "Patient Registration", "Claims & Payments", "My Providers", "Reporting", "Payer Spaces", and "More". The "Claims & Payments" menu is expanded, showing a list of options: "CS Claim Status", "RV Remittance Viewer", "OP Overpayments", and "A Appeals". The "CS Claim Status" and "A Appeals" options are highlighted with dashed blue borders. Arrows point from these options to the right, where text instructions are provided.

→ **Initiate** a dispute from the **Claim Status** results page.

→ Check **status** of a submitted Appeal through **Appeals**.

## 2) Check Dispute Availability via Claim Status *(continued)*

Check claim status by following the steps below:

- ▶ Choose the **Organization**
- ▶ Select **BCBSNM** from the **Payer** drop-down list
- ▶ Use the **Member** or **Claim Number** search options to obtain detailed claim status

**Note:** Refer to the [Claim Status Tool User Guide](#) to learn more about obtaining detailed claim status via Availability.

## 3) Dispute Claim

- ▶ On the claim status response screen, select **Dispute Claim** (if applicable)

**Note:** Refer to [page 9](#) to view the applicable ineligible reason codes that qualify for electronic clinical claim appeal submission.

### Quick Tips:

- **Dispute Claim** is only available for clinical claim denials.
- Dispute will not display if:
  - Already disputed once
  - Does not meet criteria as a clinical denial
  - Does not meet timeliness (180 days from claim process date)

- ▶ You will receive confirmation that the dispute has been initiated and successfully added to your **Appeals** worklist
- ▶ Select **Go To Request**

### Quick Tips:

- Each claim can only be disputed once.
- The dispute request has only been initiated. Proceed to [page 3](#) to complete and send the request to BCBSNM for review.

## 4) Complete Dispute Request

- ▶ The **black** appeals card indicates the request has been initiated but not yet sent to BCBSNM
- ▶ Select the **Action Menu** icon to **Complete Dispute Request**

BlueCross BlueShield of New Mexico		Initiated		
Created: 11/11/2022 • Updated: 11/11/2022				
Claim Number <b>123456789010X00</b>	Payment Information <b>E7777777</b>	Patient Name <b>JANE DOE</b>	Service Begin Date <b>11/01/2022</b>	Billed Amount <b>\$2,766.00</b>
	Payment Date <b>11/03/2022</b>	Patient Account Number <b>JD123456</b>	Service End Date <b>11/01/2022</b>	Payment Amount <b>0</b>

Complete Dispute Request  
Return to Worklist

### Complete the Dispute Request:

- ▶ Select **Request Reason**
- ▶ Enter an **explanation** to support your request
- ▶ Select who you are submitting this request on the behalf of – **Rendering** or **Billing** provider
- ▶ Enter **Contact Phone Number**
- ▶ Select **No** if you do **NOT** want to add additional claims
- ▶ Select **Yes** if you **DO** want to add additional claims related to this appeal, for the same patient
- ▶ Select **Next**

Complete Dispute Request Claim# 123456789012X01

1  
**Request Reason**

2  
 Add Additional Claims

3  
 Attach Documents

4  
 Request Submitted

This BCBS New Mexico request was initiated on 05/10/9999

Request Reason

Medical Necessity

Please explain the supporting rationale for your request

Please reprocess

16/2000

As the Appellant, are you submitting this request on behalf of the Servicing or the Billing Provider:

☐ Rendering  
☐ Billing

Contact Phone Number

Are there additional claim numbers related to this appeal?

☐ No, I do NOT want to add additional claims  
☐ Yes, I DO want to add additional claim numbers to this appeal

Cancel

Next

#### Quick Tip:

→ Users can copy and paste data from a word document into the supporting rationale field.

4) Complete Dispute Request (continued)

No, I do not want to add additional claims:

- ▶ Select **Add File**
- ▶ Upload Supporting **Documentation**
- ▶ Select **Submit Request**

Quick Tips:

- Maximum files to upload is 10.
- Supported file name characters are:  
**Alpha-numeric, dash ( - ) and underscore ( \_ ). No spaces.**
- If the appeal is in process, attachments may be uploaded 10 days from date of submission.
- If documents are not attached, you will be prompted to check the box next to **"I understand that by submitting this request without attachments it may delay processing"**.

Complete Dispute Request Claim# 123456789012X01

1

2

3

4

Request Reason

Add Additional Claims

**Attach Documents**

Request Submitted

Attach documents for claim(s): Host Claim ID: 123456789013X01

Upload Supporting Documentation

**IMPORTANT:** Maximum number of files to upload is 10 with a maximum individual file size of 20 MB, total 80 MB across all files.  
Supported file types include: .jpg, .jpeg, .pdf, .tif, .tiff

Your request does not contain supporting documentation that may be needed for processing.

☒ I understand that by submitting this request without attachments it may delay processing.

Add File

Cancel

Back

**Submit Request**

Yes, I want to add additional claims:

- ▶ Enter additional **Claim Number(s)** – up to 10
- ▶ Select **Verify** next to each claim number to determine if the claim is **ELIGIBLE** for appeal
- ▶ Select **Remove** if claim number is **INELIGIBLE**
- ▶ Click **Next** after all claims have been verified

Quick Tip:

- Ineligible reasons will vary based on why it is disallowed.

Complete Dispute Request Claim# 123456789012X01

1

2

3

4

Request Reason

**Add Additional Claims**

Attach Documents

Request Submitted

Enter up to 10 additional claim numbers related to this appeal. Claim must be for same member, provider, and request reason.

Additional Claim #1

123456789012X01

Verify

**ELIGIBLE**

Remove

Additional Claim #2

123456789014X01

Verify

**INELIGIBLE**

Remove

Additional Claim #3

123456789015X01

Verify

**INELIGIBLE**

Remove

Additional Claim #4

Verify

Remove

Additional Claim #5

Verify

Remove

Add more claims to this request

Cancel

Back

**Next**

4) Complete Dispute Request (continued)

Yes, I want to add additional claims (continued):

- ▶ Select **Add File**
- ▶ Upload Supporting **Documentation**
- ▶ Select **Submit Request**

Quick Tips:

- Maximum files to upload is 10.
- Supported file name characters are:  
**Alpha-numeric, dash ( - ) and underscore ( \_ ). No spaces.**
- If the appeal is in process, attachments may be uploaded 10 days from date of submission.
- If documents are not attached, you will be prompted to check the box next to **"I understand that by submitting this request without attachments it may delay processing"**.

Complete Dispute Request Claim# 123456789012X01

1

2

3

4

Request ReasonAdd Additional Claims**Attach Documents**Request Submitted

Attach documents for claim(s): Host Claim ID: 123456789013X01  
Host Claim ID: 123456789013X01

Upload Supporting Documentation

**IMPORTANT:** Maximum number of files to upload is 10 with a maximum individual file size of 20 MB, total 80 MB across all files.  
Supported file types include: .jpg, .jpeg, .pdf, .tif, .tiff

Your request does not contain supporting documentation that may be needed for processing.

☒ I understand that by submitting this request without attachments it may delay processing.

+ Add File

Cancel

Back

Submit Request

- ▶ You will receive confirmation of submission
- ▶ Select **Close** to view the **Appeals** worklist
- ▶ Select **View Details** to view request details

✓ Success

Your request was successfully sent to the payer and the current request status can be found in your worklist.

Close

View Details

5) Appeal Worklist

Follow the steps below to access the **Appeals** worklist to complete a dispute request that you initiated from claim status, view the status of claim disputes in-process, as well as claims disputes that have been finalized by BCBSNM.

- ▶ Select **Claims and Payments**
- ▶ Select **Appeals**

**Note:** As a reminder, disputes are initiated from the **Claim Status** results page.

Availity | essentials | Notifications | My Favorites

Patient Registration | Claims & Payments | My Providers | Reporting | Payer Spaces | More

Claim Status & Payments

CS

Claim Status

RV

Remittance Viewer

OP

Overpayments

A

Appeals

## 5) Appeal Worklist (continued)

Cards in the worklist are sorted newest to oldest based on the date of the last update. The status bar on the left side of a card indicate the dispute status by color:

- **Black** = Initiated but not yet sent to BCBSNM
- **Yellow** = Submitted or returned from BCBSNM
- **Gray** = Final decision from BCBSNM

**Note:** A **Case Number** is assigned after the dispute request has been submitted to BCBSNM.

BlueCross BlueShield  
of New Mexico

Initiated

Status Updated

Created: 11/11/2022 • Updated 11/11/2022

Claim Number

123456789010X00

Payment Information

E7777777

Patient Name

JANE DOE

Service Begin Date

11/01/2022

Billed Amount

\$2,766.00

Payment Date

11/03/2022

Patient Account Number

JD12345

Service End Date

11/01/2022

Payment Amount

0

BlueCross BlueShield  
of New Mexico

Submitted - Claim Review - In Progress

Created: 05/16/2021 • Updated 05/17/2021

Claim Number

012345678910X00

Payment Information

E9999999

Patient Name

JOHN DOE

Service Begin Date

12/21/2020

Billed Amount

\$70.00

Payment Date

12/31/2020

Patient Account Number

JD11111

Service End Date

12/21/2020

Payment Amount

0

BlueCross BlueShield  
of New Mexico

Finalized - Claim Review - Overturned/ Reversed

Created: 06/08/2021 • Updated 06/14/2021

Claim Number

012345678900X01

Payment Information

E5555555

Patient Name

JOE DOE

Service Begin Date

09/28/2020

Billed Amount

\$4,950.00

Payment Date

12/24/2020

Patient Account Number

JD22222

Service End Date

09/28/2020

Payment Amount

0

- ▶ To search for a submitted dispute, select **Claim Number**, **Case Number**, or **Patient Last Name** from **Search By** drop-down list
- ▶ Enter the **Claim Number**, **Case Number**, or **Patient Last Name** and select **Search**

**Note:** Use capitalized alpha-characters when searching by the Claim Number.

A Appeals

Search By

Select...

Claim Number

Case Number

Patient Last Name

123456789012X01


Search

Filter


### Quick Tip:

→ You can also **Filter** by **Appeal Status** (initiated, submitted or finalized), **Sub-status** (in clinical review, in process or need additional information), **Provider** and/or **Payer**.

- ▶ On the appeal card, select the **Action Menu** icon and click **View Details and Attachments**



BlueCross BlueShield  
of New Mexico




BlueCross BlueShield  
of New Mexico

Submitted - Claim Review - In Progress • Case # 99999999

Created: 05/16/2021 • Updated 05/17/2021

Claim Number

123456789011X01



Payment Information

E7777777

03/26/2021

Patient Name

JANE DOE

JD123456

Service Begin Date

03/23/2021

03/23/2021

Billed Amount

\$445.00


0

Finalized - Claim Review - Manual Determination • Case # 77777777

Created: 05/16/2021 • Updated 05/17/2021

Claim Number

123456789011X01



Payment Information

E7777777

02/10/2021

Patient Name

JANE DOE

JD123456

Service Begin Date

12/03/2020

12/03/2020

Billed Amount

\$406.00

0

View Details and Attachments

### Quick Tip:

→ For cases that have been initiated (**Black** appeal card) but not completed, refer to [page 3](#).

5) Appeal Worklist (continued)

- ▶ Additional **Attachments** may be uploaded to the request within the allotted timeframe
- ▶ If the request includes multiple claims, these claim numbers will be listed under **Other Claim Numbers**

**Note:** Refer to the bottom of the page to view the timeframe for adding attachments to the request. Ensure all documentation is uploaded before the date passes.

[Home](#) > [Appeals](#) > Details

Need Help? [Watch a demo](#) for Appeals

A

Appeals

Give Feedback

Submitted - Claim Review - Pending Assignment

Created: 05/10/2022 • Updated 05/10/2022

Claim Number <b>123456789012X01</b>	Payment Information	Patient Name <b>JANE DOE</b>	Service Begin Date <b>01/05/2022</b>	Billed Amount <b>\$228.00</b>
Method of Receipt Availity	Payment Date	Patient Account Number <b>77777777</b>	Service End Date <b>01/05/2022</b>	Payment Amount <b>0</b>
Request Reason <b>MEDICAL NECESSITY</b>	Contact Phone Number <b>800-999-9999</b>	Other Claim Numbers <b>123456789013X01</b>	Submitter Type <b>Billing</b>	
Rationale Submitted To Payer Please reprocess				

ATTACHMENTS

Add Attachment

HCSC will allow attachment uploads until 05/20/2022. Please ensure all your documentation for this request has been submitted before that date passes.

ATTACHMENTS


File Name	Status	Uploaded By	Upload Date
<b>ABC_123_000</b> 139pages (7 MB)	<b>Received</b>	Provider	06/25/2021 3:47 PM
<div><div>Add Attachment</div><div>This appeal is no longer eligible for attachments as of 07/05/2021</div></div>			

**Quick Tip:**

→ If the **Add Attachment** button is disabled, the timeframe to upload additional attachments to the request has expired.


5) Appeal Worklist (continued)

- ▶ View the finalized **Decision** and **Decision Reason**
- ▶ Documentation uploaded along with correspondence from the payer will be viewable under **Attachments**
- ▶ The **payer correspondence** will also be sent **via U.S. mail**



BlueCross BlueShield  
of New Mexico

Finalized - Claim Review - Overturned/ Reversed • Case #88888888  
Created: 06/21/2021 • Updated 06/22/2021

Claim Number <b>11111111222NX01</b>	Payment Information <b>E7777777</b>	Patient Name <b>JANICE DOE</b>	Service Begin Date <b>09/09/2020</b>	Billed Amount <b>\$4,533.25</b>
	Payment Date <b>05/06/2021</b>	Patient Account Number <b>JD12345678</b>	Service End Date <b>09/09/2020</b>	Payment Amount <b>0</b>




Request Reason <b>MEDICAL NECESSITY</b>	Contact Phone Number <b>555-555-555</b>	Submitter Type <b>Billing</b>
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Rationale Submitted To Payer  
Needs adjusted

Decision  
**Overturned/  
Reversed**

Decision Reason  
**Please allow 24-48 hours for the letter to be viewable on Availity and 7-10 business days for the letter to be received via U.S. mail.**

ATTACHMENTS

File Name	Status	Uploaded By	Upload Date
 <b>Appeal_Attachment_Generic11744</b> (315 KB)	<b>Received</b>	Provider	06/22/2021 9:25 AM
 <b>Correspondence</b> (0 B)	<b>Received</b>	Payer	
 <b>Correspondence</b> (0 B)	<b>Received</b>	Payer	



## Ineligible Reason Codes for Clinical Claim Appeals

The below list specifies the applicable claim categories and associated ineligible reason codes (IRC) that qualify for electronic clinical claim appeal submission.

**Important Note:** Use the [Member](#) or [Claim Number](#) search options in the [Availity Claim Status tool](#) to view the detailed ineligible reason code descriptions for claims processed by BCBSNM, including Federal Employee Program® (FEP®) claims.

Authorizations FEP	Authorizations Non-FEP	Medical Necessity FEP	Medical Necessity Non-FEP	Dispute Pre-Pay Non-FEP
366	346	299	260	361
735	M06	334	334	778
736	M07	358	610	811
PS2	PRD	432	745	B01
T55	PRH	601	761	B02
742	PS1	610	762	B03
743	PS2	745	824	B04
744		762	825	H49
		824	832	T03
		832	833	
		842	89H	
		844	90H	
		920	T56	
		02F		
		85D		
		90H		
		H14		
		PRD		
		PRH		

**Have questions or need additional education?** Email the BCBSNM [Provider Education Consultants](#).

*Be sure to include your name, direct contact information & Tax ID or billing NPI.*